

CHILD

Assessment Questions

Age 3-5 years

1. What is your greatest concern about your child?

Free form answer

2. Does your child have medical and dental care (one answer)?

Medical care (well/sick)

Dental care

Both

Neither

3. Tell me about medical or dental issues your child has. Who diagnosed this condition?

Free form answer

4. What active play does your child like? What physical activities do you and your child do together?

Free form answer

5. Tell me if your child consumes any of the following (may choose more than one answer):

N/A

Multivitamins

Other supplements

Herbs

Teas

Medications

Non-food items

Runny eggs

Raw/unpasteurized dairy products or juices

Undercooked meats or fish

Unwashed produce or sprouts

6. Does your child's caregiver (babysitter, child care provider) smoke indoors?

Yes

No

7. Tell me about how your child is eating:
- A. Describe a meal time in your home.
 - B. How many meals/snacks?
 - C. How many meals are eaten elsewhere (daycare, restaurant/fast food, other)?
 - D. How much and what kind of drinks per day (milk, juice, water or other)?

Free form answer

8. Do you have any concerns about your child's eating habits?

Free form answer

9. Do you have any additional questions?

Free form answer

Possible discussion topics:

Age appropriate foods and serving sizes
Division of Responsibility
MyPlate
Meal planning, preparation, budgeting
Foods high in iron
Food safety
Non-dairy sources of calcium
Dental care

Potential referrals:

Medicaid
SNAP
Dental care
Food banks
Healthcare provider
RD
Immunizations
Child care/Head Start
Other local health department services

Mid-Year Certification Questions

1. What is your child consuming in a typical day now?

Free form answer

2. Do you have any concerns about his/her intake (picky eating, changes in appetite, etc.)?
Free form answer

3. Have there been any changes with your child's health (new diagnoses)? Any new medications or supplements?

Free form answer

4. What does your child do for physical activity? How much time per day? Screen time?

Free form answer

5. What questions do you have for me?

Free form answer